

Vestal School Foundation Grant Application

*This form may be reproduced in its original order. Please print clearly or type in 12 pt Font.
You may add up to 2 additional sheets to answer the questions.*

PLEASE SEND IN 12 COPIES

Name: _____

Address: _____

Contact Person: _____

Phone Number: _____ E-mail: _____

School/Organization: _____

Proposed Title: _____

Total Amount Requested: \$ _____

Project Start Date: _____ Project Completion Date: _____

1. What is the specific goal of the project?

2. Describe the project and the plans for implementation.

3. How will the project enhance the quality of education in the Vestal Schools?

4. How many students, staff and teachers will be involved in the project?

5. Will the project have long term benefits for Vestal students and educators?

6. How will the success of the project be monitored?

7. Is funding being sought from other sources for this project? If yes, please list the sources and, if applicable, include any in-kind donations.

8. Itemized Budget

9. List other pertinent information about the proposed project not covered in questions #1 - 8, including references, letters of support and any other supplemental materials needed to describe products or program purchases. (Please attach separately.)

10. Give an outline of a work plan and timetable below, with project milestones and estimated dates of completion of each phase. NOTE: All funds must be used within one year after acceptance of the award unless otherwise requested.

11. Could you carry out this project if full funding were not available? If so, indicate how you would proceed at 75% and 50% funding.

All grant applications must have concurrence from a principal or school administrator. If grant application is a student, he/she also must have a teacher co-signer and sponsor.

Signature of Principal/Administrator: _____

Signature of Teacher Sponsor: _____

Signature of Planning Team: _____

Return all grant materials to your Principal prior to the assigned deadline.